

Please type a plus sign (+) inside this box ☒

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. MCP-0271
 First Inventor Frank J. Bunick
 Title Soft Tablet Prepared by Post Compression Heating
 Express Mail Label No. EL457887310US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
 (submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 12]
 (Preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☐ Drawing(s) (35 USC 113) [Total Sheets]
5. Oath or Declaration [Total Pages]
- a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
 (for continuation/divisional with Box 18 completed)
 - c. ☒ Unexecuted original
 - i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

- 18.
- ☐
- If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
 Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence Address below

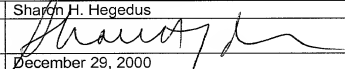
Name: Philip S. Johnson, Esq.
 Address: Johnson & Johnson
 One Johnson & Johnson Plaza
 New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Sharon H. Hegedus at:

Telephone: (732) 524-2242 Fax: (732) 524-2808

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Sharon H. Hegedus	Reg. No. 33058
SIGNATURE		
DATE	December 29, 2000	

ADDRESS TO: Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

- 7.
- ☐
- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
 b. ☐ Specification Sequence Listing on:
 i. ☐ CD-ROM or CD-R (2 copies); or
 ii. ☐ paper
 c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PAPERS

9. ☐ Assignment Papers (cover sheet & document(s))
 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
 (when there is an assignee)
 11. ☐ English Translation Document (if applicable)
 12. ☒ Information Disclosure Statement
 (IDS)/PTO-1449 ☒ Copies of IDS Citations
 13. ☐ Preliminary Amendment
 14. ☒ Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
 15. ☐ Certified Copy of Priority Document(s)
 (if foreign priority is claimed)
 16. ☐ Request and Certifications under 35 U.S.C. 122
 (b)(2)(B)(i). Applicant must attach form
 PTO/SB/35 or its equivalent.
 17. ☐ Other

12/29/00

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 10152601
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FEE TRANSMITTAL	Complete if Known	
	Application Number	
	Filing Date	
	First Named Inventor	Frank J. Bunick
	Group Art Unit	
	Examiner Name	
Attorney Docket Number	MCP-0271	

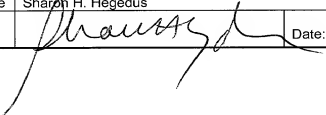
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	23 - 20 =	3	x 18.00	\$ 54.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 764.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/MCP-0271/SHH in the amount of \$764.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP-0271/SHH. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Sharon H. Hegedus	Reg. No. 33,058
Signature		Deposit Account No. 10-0750
		Date: 12/29/00